

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official  
capacity as President of the United States of  
America, et al.,

Defendants.

NO.

DECLARATION OF  
F.L., ND

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ATTORNEY GENERAL OF WASHINGTON  
Complex Litigation Division  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744

1 I, F.L., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge.

4 2. I offer this declaration in support of Plaintiffs' Motion for a Temporary  
5 Restraining Order. I have personal knowledge of the facts set forth in this declaration and could  
6 testify competently to those facts if called as a witness.

7 3. As discussed more below, I am filing this declaration under pseudonym out of  
8 concern for my own safety, the safety of my family, the safety of my colleagues, and the safety  
9 of my patients.

10 4. I am a naturopathic physician in the Seattle area and have been practicing since  
11 2010. I received my N.D. in 2010, and since then, I have had a private primary care practice  
12 focused on pediatrics, including providing gender-affirming care to transgender children and  
13 adolescents. I work with and have received training in gender affirming care from the Seattle  
14 Children's Gender Clinic.

15 5. Gender-affirming care generally refers to health care services that support a  
16 person in living in alignment with their gender identity when their gender identity differs from  
17 their sex assigned at birth. Gender-affirming care is a supportive form of health care. It consists  
18 of an array of services that may include mental-health, medical, surgical, and non-medical  
19 services for transgender and nonbinary people. Gender-affirming care is patient-centered and  
20 one of its aims is to help patients align their outward, physical traits with their gender identity.  
21 A robust body of research demonstrates that gender-affirming care improves the mental health  
22 and overall well-being of gender diverse children and young people.

23 6. Many transgender children experience gender dysphoria. Gender dysphoria is  
24 clinically significant, prolonged distress experienced by a person when their sex or gender  
25 assigned at birth is not the same as their identity. Signs of significant distress often appear first  
26 in the preschool years, when children become aware of gender. This distress is persistent, with

1 a particular crisis around puberty, when irreversible changes begin to happen in their bodies. For  
2 young people who are unable to align their outward presentation with their internal identity, this  
3 may result in the patient becoming withdrawn, socially isolated, depressed, anxious, suicidal,  
4 and engaging in self-harm behavior.

5 7. A large component of my support for children with gender dysphoria is to work  
6 with the parents and families to establish a strong basis of support. There is no medical  
7 intervention for these children before puberty. Instead, the interventions are social, supporting a  
8 child in their gender expression, which may include a change of hair style, clothing, name, or  
9 pronoun. When children are supported in expressing their internal identity and living  
10 authentically, they blossom and thrive. Without that support, they become withdrawn.

11 8. As they approach puberty, the educational component increases. As with all  
12 patients approaching pubescence, I educate my patients on what changes they can expect as  
13 puberty progresses, and what options are available to either avoid these changes, delay these  
14 changes, or allow them to happen. As with all interventions, we discuss the risks and benefits.  
15 Temporary risks include the effect they can have on bone density. Benefits include providing a  
16 pause for the patient while they develop physically, mentally and emotionally, giving them time  
17 to decide what to do, whether that is to proceed with their endogenous puberty, or whether it is  
18 to begin hormone therapy. Puberty blockers are a temporary intervention, are fully reversible,  
19 and do not harm long term fertility.

20 9. I do not currently prescribe puberty blockers; my patients are not in that place  
21 yet. I anticipate that I will be prescribing them in the future.

22 10. I am aware of President Trump's Executive Order titled "Protecting Children  
23 from Chemical and Surgical Mutilation" dated January 28, 2025. While I am most concerned for  
24 my patients and whether I will be able to provide appropriate gender-affirming care to patients  
25 that I believe need it, I am also concerned for myself and my family. I also fear being prosecuted  
26 by the federal government.

1           11.     Since the Executive Order was issued, many of my transgender patients and their  
2 families have expressed to me that they are terrified that they will be unable to obtain appropriate  
3 medical gender-affirming care.

4           12.     I also believe the Executive Order directs me to violation my ethical obligations  
5 to my patients. As a physician, I am ethically bound to be honest with my patients, and to  
6 prioritize their health, welfare, and best interests. I am also ethically required to use my training  
7 and skills as best I can to serve them. The Executive Order directly conflicts with these ethical  
8 requirements, because it seeks to coerce me into not providing gender-affirming care even when  
9 my training, experience, and medical judgment tell me that gender-affirming care is in the best  
10 interest of my patient.

11           I declare under penalty of perjury under the laws of the United States of America that the  
12 foregoing is true and correct.

13           DATED this \_\_\_\_\_ day of February 2025.

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16 F.L., N.D.  
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